

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-weight: bold;">10/689182</div>	Filing Date					
							Applicant(s)						
11-4-04							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT								
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/										
2				/									
3				/									
4				/									
5				/									
6				/									
7				/									
8				/									
9				/									
10				/									
11				/									
12				/									
13				/									
14				/									
15				/									
16				/									
17				/									
18				/									
19				/									
20				/									
21				/									
22				/									
23				/									
24				/									
25				/									
26				/									
27				/									
28				/									
29				/									
30			/										
31				/									
32				/									
33				/									
34				/									
35				/									
36				/									
37				/									
38				/									
39				/									
40				/									
41				/									
42				/									
43				/									
44				/									
45				/									
46				/									
47				/									
48				/									
49				/									
50				/									
Total Indep			2										
Total Depend			56										
Total Claims			58										
51													
52				/									
53				/									
54				/									